

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)
(i)(IV) and
1902(l)(1)(A)
and (B) of the
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(l)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to Attachment 2.6-A.

X The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)
(i)(VI)
1902(l)(1)(C)
of the Act

- a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a)(10)(A)(i)
(VII) and 1902(l)
(1)(D) of the Act

- b. born after April 30, 1979, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

TN No. MS-98-5

Supersedes

Approval Date OCT 29 1998 Effective Date AUG 01 1998

TN No. MS-95-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

1902(e)(5)
of the Act

- 10 a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6)
of the Act

- b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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TN No. MS-92-3

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)
(A)(i)(V) and
1905(m) of the
Act

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5)
of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6)
of the Act

- b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(e)(4)
of the Act

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged
X Blind
~~X~~ Disabled

TN No. MS-92-3

Supersedes MS-91-24

TN No.

Approval Date APR 08 1992

Effective Date JAN 01 1992

State: Nebraska

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

435.121

13. 17 b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)
of the Act

— Aged
— Blind
— Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in
ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

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Supersedes		
TN No. <u>(new page)</u>		HCFA ID: 7983E

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AUGUST 1991

ATTACHMENT 2.2-A
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OMB NO.: 0938-

State: Nebraska

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

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| XIX | 1902(a)
(10)(A)
(i)(II)
and 1905
(q) of
the Act | 14. Qualified severely impaired blind and disabled
individuals under age 65, who--

a. For the month preceding the first month of
eligibility under the requirements of section
1905(q)(2) of the Act, received SSI, a State
supplemental payment under section 1616 of the
Act or under section 212 of P.L. 93-66 or
benefits under section 1619(a) of the Act and
were eligible for Medicaid; or

b. For the month of June 1987, were considered to
be receiving SSI under section 1619(b) of the
Act and were eligible for Medicaid. These
individuals must--

(1) Continue to meet the criteria for blindness
or have the disabling physical or mental
impairment under which the individual was
found to be disabled;

(2) Except for earnings, continue to meet all
nondisability-related requirements for
eligibility for SSI benefits;

(3) Have unearned income in amounts that would
not cause them to be ineligible for a
payment under section 1611(b) of the Act; |
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*Agency that determines eligibility for coverage.

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Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
- (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

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State: Nebraska

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1619(b)(3)
of the Act



The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

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State: Nebraska

Agency*	Citation(s)	Groups Covered
A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>		
XIX	1634(c) of the Act	15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. <input type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. <input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
XIX	42 CFR 435.122	16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
XIX	42 CFR 435.130	17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

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State: Nebraska

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- 42 CFR 435.131 18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

☐ In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

☐ Aged ☐ Blind ☐ Disabled

☒ Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

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